

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5099HIC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANGEL'S HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13320 STONELAND DR RENO, NV 89511</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comment</p> <p>This Statement of Deficiencies was generated as a result of an Complaint Investigation conducted in your facility on 2/5/09.</p> <p>This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was two.</p> <p>Complaint NV00020820 was substantiated.</p>	H 000		
H 036	<p>Safety and Sanitation-Temperatures in Home</p> <p>NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 3. The temperature of a home must be maintained at levels that are comfortable and safe. Portable heaters are prohibited in a home.</p> <p>This Regulation is not met as evidenced by: Based on observation and interviews on 2/5/09, temperatures in the home were not maintained at levels that were comfortable and safe.</p> <p>Findings include:</p> <p>A tour of the home at 8:45 AM revealed that the living room thermostat gauge read 67 degrees Fahrenheit (F).</p>	H 036		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 036	<p>Continued From page 1</p> <p>Resident #1 was sitting at the breakfast table adjacent to the living room area. She had a blanket over her legs and another blanket over her sweatshirt. The resident was unable to answer whether she was cold due to cognitive issues.</p> <p>Resident #2 was observed to be wearing a turtleneck shirt under two jackets while sleeping under the blankets in her room. The temperature in this room was 68.6 degrees F. This resident's family member, when interviewed by phone, stated that the resident had previously expressed to her that the living room felt cool.</p>	H 036			

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